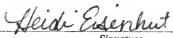


<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>1030-08-PA</b>	
Applicant(s): <b>Roman Wrosz</b>					
Application No. <b>10/690,264</b>	Filing Date <b>October 21, 2003</b>	Examiner <b>Thukhanh Nguyen</b>	Customer No. <b>22145</b>	Group Art Unit <b>1722</b>	Confirmation No. <b>4603</b>
Invention: <b>METHOD AND APPARATUS FOR MANUFACTURING DENTAL ALIGNERS</b>					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>11-1159</b> <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ Signature			Dated: <b>November 21, 2006</b>		
<b>Heidi L. Eisenhut (Reg. No.: 46,812)</b> <b>Klein, O'Neill &amp; Singh, LLP (Customer No.: 22145)</b> <b>43 Corporate Park, Suite 204</b> <b>Irvine, CA 92606</b> <b>Tel: 949-955-1920</b> <b>Fax: 949-955-1921</b> <b>Email: heisenhut@koslaw.com</b>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date)  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:	)	
Roman Wrosz	)	Group Art Unit: 1722
	)	
Serial No.: 10/690,264	)	Examiner: Thukhanh T. Nguyen
	)	
Filed: October 21, 2003	)	
	)	
For: METHOD AND APPARATUS FOR	)	
MANUFACTURING DENTAL	)	
ALIGNERS	)	

---

COMMISSIONER OF PATENTS AND TRADEMARKS  
P. O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION

In response to the Final Office Action mailed August 21, 2006, please amend the subject application as follows:

Amendments to the Claims are set forth in the listing of the claims beginning on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.